



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AF 2700
X**AMENDMENT
TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/629320
Filing Date	July 31, 2000
First Named Inventor	Eric R. Schorman et al
Group Art Unit	2635
Examiner Name	Holloway III, Edwin C.
Attorney Docket Number	PF02024NA

ENCLOSURES (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers
<i>(for an Application)</i>
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition Routing Slip
<i>(PTO/SB/69) and Accompanying Petition</i>
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Fee Address Indication Form
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group
<i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Additional Enclosure(s)
<i>(please identify below)</i>

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| Remarks:

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CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label **20280** Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name: Motorola, Inc.	Address: Intellectual Property Department 600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-523-2322	Fax:	847-523-2350

Name (Print/Type) **Hisashi D. Watanabe** Registration No. **37,465**Signature **Hisashi D. Watanabe** Date **March 6, 2003**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: March 6, 2003

Typed or printed name: **June Edwards**Signature **June Edwards**Date **March 6, 2003**

**FEE
TRANSMITTAL**

MAR 12 2003 Patent fees are subject to annual revision

METHOD OF PAYMENT

(\$ 18.00)

Complete if Known

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METHOD OF PAYMENT1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:Deposit Account Number **50-2117**Deposit Account Name **Motorola, Inc.** Charge Any Additional Fee Required

Under 37 CFR 1.16 and 1.17

 Applicant claims small entity status.

See 37 CFR 1.27

2. Payment Enclosed: Check Credit Card Money Order Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee	Entity Fee	Small Fee	Entity Fee	
Code	(\$)	Code	(\$)	Fee Paid
101	750	201	375	Utility filing fee
106	330	206	165	Design filing fee
107	520	207	260	Plant filing fee
108	750	208	375	Reissue filing fee
114	160	214	80	Provisional filing fee
SUBTOTAL (1)				(\$ 0.00)

2. EXTRA CLAIM FEES

Total Claims	-27** =	Claims	Fee from below	Fee Paid
28	-27** =	1	X 18 =	18.00
3	-3** =	0	X 84 =	0
Claims				270 =

Multiple Dependent

Large Fee	Entity Fee	Small Fee	Entity Fee	
Code	(\$)	Code	(\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent
110	18	210	9	claims Over original patent
**Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)				(\$ 18.00)

**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Hisashi D. Watanabe	Registration No.	37,465	Telephone	523-2322
Signature	<i>Hisashi D. Watanabe</i>		Mail Date	March 06, 2002	